Self-Identified Goals Assessment (SIGA) Protocol

1. Ask information about the patient's prior functioning, home situation, life work, interests, and customary routines, as in Section 1 of the Melville-Nelson.

2. Ask the patient:

   "Think about all of the things you want to be able to do. It might help to think about the things you did at home before you went to the hospital, and things that are hard to do now. What types of things would you like to work on or improve on in therapy before you go back home? It could be self care, things you did for fun, or things you worked on at home, or anything else you want to do."

3. Use interviewing skills to elicit one to five goals, as possible. Make sure that the patient is not just saying what he or she thinks that you want to hear. If the patient has difficulty identifying specific goals, list or ask prior routines (e.g., hobbies, self-maintenance, travel, work around the home). Also ask: What kinds of things seem difficult to you now? If possible, involve family members in the discussion. Make it clear that you want to record whatever the person wants to do or needs to do.

   Notes on common problems:

   A. If the patient identifies walking as the only goal, ask the patient:

   "Where would you like to walk to? To the kitchen, to the bathroom, out in the yard, in the Grocery store, or in the community? What other things besides walking would you like to do? Try to remember what you did before" (review the prior routine, level of independence, etc.)"

   B. If the patient identifies the goals of improving strength, balance, or any other component ability (as opposed to an occupation), ask the patient:

   "What will the increased [ability] help you to do in everyday life?

4. If the patient is able to identify goals, record 1 – 5 patient identified goals on the evaluation. Some patients will be unable to identify goals because of cognitive impairments. Record this, and seek assistance from family members in identifying the goals that the patient would have for oneself.

5. Show the 0 - 10 scale. While pointing to the scale, ask the patient:

   "How well can you do <u>all</u> of the things you want to do on a scale from 0 to 10, with 0 being that you can't do them at all and with 10 being you can do them your very best."

   Circle the score on the evaluation.

6. Explain the scale if the patient has difficulty understanding it. Give an example of a score of five as being able to do about half as much as a person would like to be able to do. Make sure that any example of a low score is accompanied by another example of a high score. Make sure that the score recorded is the patient's score, not your idea of what the patient can do. If the patient gives two scores, tell the patient that you can record only one number. For example, ask **"Is it one or two?"**. Circle the score on the evaluation.

7. Optional, depending on patient level of fatigue: For each individual goal obtained, ask the patient,

   "How well can you do _______________ on a scale from 0 to 10, with 0 being that you can't do it at all and with 10 being you can do it your very best?"

   Circle the score for each goal on the evaluation.

8. For each progress note and for the discharge note, show the patient a copy of the patient's latest ratings and ask the patient if he or she wants to add new goals or change goals. Use interviewing skills. Then repeat steps 4 through 7 above in order to update the patient's ratings. Progress can be reported in terms of increases in the overall score (#5) or in terms of progress in each of the individual scores (# 7).

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